



Mayor's Cup Soccer Tournament

Registration Form

First Name: _____

Last Name: _____

Gender: Male / Female Age: _____ Date of Birth (mm/dd/yyyy): _____

Mailing Address: _____ City: _____

State: _____ Zip: _____ Phone Number: _____

E-Mail Address: _____

1 st Emergency Contact Name:	Tele #	Cell phone #	Relationship

2 nd Emergency Contact Name:	Tele #	Cell phone #	Relationship

The application is factual and complete to the best of my ability. **BIRTH CERTIFICATES MUST BE SUBMITTED WITH APPLICATION**

I hereby waive and release any and all rights, causes of action, and claims for damages I may have against the City of Boston, Boston Parks & Recreation, and any and all other associated individuals or organizations, for any and all personal injuries or property damage resulting from my participation in PARKS DEPARTMENT Programs.

I, the undersigned parent or guardian of [____], a minor, hereby consent to his/her PARKS DEPARTMENT membership and waive and release any and all rights, causes of action and claims for damages I may have against the City of Boston, PARKS DEPARTMENT, and any and all other associated individuals or organizations, arising out of any and all personal injuries or property damage which I may now or hereafter have as the parent or guardian of said minor, and also all rights, causes of action, and claims which said minor has or may acquire resulting from his/her participation in the program.

I give consent for me/my child to be administered first aid and to be treated by an emergency medical technician-paramedic, nurse or physician. Any follow up medical attention may be given at a local hospital and transportation to a Boston hospital is authorized. I give my consent for photographs, audiotapes, and video records of me/my child to be used by PARKS DEPARTMENT for publicity purposes. I also agree to allow PARKS DEPARTMENT to use photographs, audiotapes, video records or other work produced by the member for publicity purposes.

Parent/Guardian's signature: _____

If you have any questions or concerns, please feel free to contact me at: Cheryl.brown@boston.gov or by phone at 617.635.4505